

**Hawaii Employer-Union Health Benefits Trust Fund**  
**EUTF Monthly Active COBRA Rates - Bargaining Unit 12**

Benefit Plan	Type of Enrollment	7/1/2015 - 6/30/2016	
		Regular COBRA	Disability COBRA
MEDICAL PLANS			
PPO - 90/10 Plan - HMSA Medical	Self	\$ 392.82	\$ 577.68
	Two Party	982.18	1,444.38
	Family	1,273.23	1,872.39
PPO - 80/20 Plan - HMSA Medical	Self	\$ 323.46	\$ 475.68
	Two-Party	808.71	1,189.29
	Family	1,048.38	1,541.73
PPO - 75/25 Plan - HMSA Medical	Self	\$ 289.76	\$ 426.12
	Two-Party	724.46	1,065.39
	Family	939.18	1,381.14
PPO Prescription Drug - CVS Caremark	Self	\$ 77.05	\$ 113.31
	Two-Party	192.90	283.68
	Family	249.85	367.44
HMO - HMSA Medical	Self	\$ 448.59	\$ 659.70
	Two-Party	1,122.00	1,650.00
	Family	1,454.61	2,139.12
HMO Prescription Drug - CVS Caremark	Self	\$ 77.05	\$ 113.31
	Two-Party	192.90	283.68
	Family	249.85	367.44
HMO - Kaiser Comprehensive Medical Kaiser Prescription Drug	Self	\$ 445.78	\$ 655.56
	Two-Party	1,127.77	1,658.49
	Family	1,464.23	2,153.28
HMO - Kaiser Standard Medical Kaiser Prescription Drug	Self	\$ 308.26	\$ 453.33
	Two-Party	779.95	1,146.99
	Family	1,012.63	1,489.17
Supplemental - Royal State National Supplemental Prescription Drug	Self	\$ 41.90	\$ 61.62
	Two-Party	104.79	154.11
	Family	116.64	171.54
DENTAL PLAN			
HDS Dental	Self	\$ 31.29	\$ 46.02
	Two-Party	62.58	92.04
	Family	102.95	151.41
VISION PLAN			
VSP Vision	Self	\$ 6.53	\$ 9.60
	Two-Party	12.06	17.73
	Family	15.75	23.16
CHIROPRACTIC PLAN			
Royal State Chiro	Self	\$ 1.44	\$ 2.13
	Two-Party	2.91	4.29
	Family	3.10	4.56

**NOTE: Rates include the ACA Insurer fees for all fully-insured benefits as provided by the carriers. ACA Insurer fees not required for CVS Caremark prescription drug rates. The rates exclude the Reinsurance fees and Comparative Effectiveness Research (Patient-Centered Outcome Research Institute) fees assessed to comply with ACA. EUTF admin fees are not included in the rates.**